

EMSC Connects

Volume 4, Issue 12

December 2015

Emergency Medical Services for Children Utah Bureau of EMS and Preparedness

Special points of interest:

- Teen suicide
- Behaviors to screen for
- Risks for health care providers

Inside this issue:

The Doc Spot	2
Expert Input	2
Happenings	5
The Teen Perspective	6
Calendar	8
Did You Know?	9

A Word From Our Program Manager

I am finding this month's topic to be rather difficult to write about on many levels. While we are preparing to deck the halls with boughs of holly, buying gifts, attending holiday concerts and festivities, some Utah families have been touched by a silent killer and the holidays bring the tragic reminder that these young lives were cut short too soon. They did not die from a disease, lack of treatment, or an accident that could have been prevented by something as tangible as a fastened seatbelt or a helmet. They chose to end their life of depression, hopelessness and pain by different methods (guns, suffocation, poison, drugs). That most prevalent killer of our youth, is suicide.

"Completed suicides are only part of the problem. More people are hospitalized or treated in an emergency room for suicide attempts than are fatally injured. In 2012, 13 Utahns were treated for self-inflicted injuries every day (2,743 emergency department visits and 1,605 hospitalizations)." "According to the 2013 Youth Risk Behavior Survey, during the past 12 months before the survey Utah high school students reported the following: 25.7% felt sad or hopeless, 15.5% seriously considered attempting suicide, 12.8% made a suicide plan, 7.3% attempted suicide one or more times and 2.1% of these students suffered an injury, poisoning, or an overdose.

"From 2011 to 2013, Southeastern Utah LHD (local health department), Central Utah LHD, and Southwest Utah LHD had significantly higher age-adjusted suicide

rates compared to the state rate. Among Utah Small Areas, Southwest LHD (Other), Carbon/Emery Counties, South Salt Lake, Murray, Grand/San Juan Counties, Ogden (Downtown), Juab/Millard/Sanpete Counties, and TriCounty (Daggett, Uintah, Duchesne)

LHD had significantly higher age-adjusted suicide rate than the state rate." Our rural areas remain most vulnerable for public health issues and often times lack the resources to address them.

Until recently, my own family was untouched by suicide. However, my nephew's dear

friend, with a bright future and much potential, chose to end his life. The impact and grief to teachers, families, friends, coaches, and work colleagues is just unimaginable. The school he attended wrote and published a carefully worded tribute to this young man. It was touching that they acknowledged his life and the impact his absence would have within the academic community. It made me wonder how this could have been prevented. What didn't we see? What were the signs? Were there resources available to him? What training is available to first responders and healthcare workers? What mental health resources are available in the community? Where do we go to find the resources? If touched by this tragedy, how do you cope with the grief? The purpose of this newsletter is to address some of these questions and provide you with resources. I hope you find it helpful. On a more cheerful note, may you, your family and friends, enjoy a safe and festive holiday season with great



To submit or subscribe to this newsletter

Email: Dalrymple@utah.gov

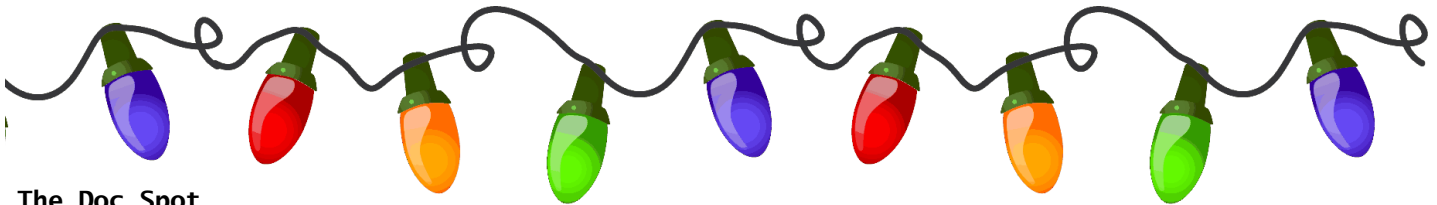
From our Program Manager –continued

anticipation for a healthy and happy New Year. Acknowledge and hold each other dear as we recognize the many blessings we have in life. Thank you for your endless hours of support, professionalism, and caring for the most vulnerable populations in our communities.



Available Services for Suicide

- All Counties, 24 Hours: National Suicide Prevention Lifeline (800) 273-TALK (8255)
- Mobile Crisis Outreach Team - Salt Lake County 801-587-3000
- National Alliance on Mental Illness (NAMI) Utah <http://www.namiut.org/> 801-323-9900 Toll Free 877-230-6264
- Utah Suicide & Crisis Hotline <http://www.suicide.org/hotlines/utah-suicide-hotlines.html>
- Ogden Weber Mental Health Serving Davis, Morgan, & Weber Counties Crisis/Suicide Prevention Hotline 801-625-3700
- Orem Crisis Line of Utah County 801-226-4433
- Provo Wasatch Mental Health Crisis Line 801-373-7393
- Salt Lake City Valley Mental Health Serving Salt Lake, Summit & Tooele Counties 801-261-1442
- Permission to Grieve: For Survivors of a Loved One's Suicide http://health.utah.gov/vipp/pdf/Suicide/grievebooklet_final0605



The Doc Spot Kimberly Norris MD

Suicide is an important public health problem in the pediatric population. According to the American Academy of Child and Adolescent Psychiatry pediatric suicide rates have greatly increased in the last 50 years, likely related to increased rates of alcohol and drug abuse, depression, family and social disorganization and access to firearms.

Suicidal behavior spans a spectrum from thoughts of death or suicide to fatal completion of the act. In adolescents who endorse a history of suicidal thoughts, 34% later make an attempt and, though attempts are more common in adolescent females, adolescent males are more likely to complete suicide. There are many risk factors that increase an individual's risk for suicide, including psychiatric disorders, previous attempts, family history of mood disorder or suicidal behavior, history of physical or sexual abuse, and exposure to violence. In addition, psychologists have identified so-called "precipitating factors," such as access to means, alcohol/drug use, and exposure to suicide, social stress and isolation.

Any child or adolescent who makes statements indicating suicidal intent should always be taken seriously. In these cases, immediate medical and psychiatric evaluation should be completed to determine whether the patient poses a significant danger to him or herself.

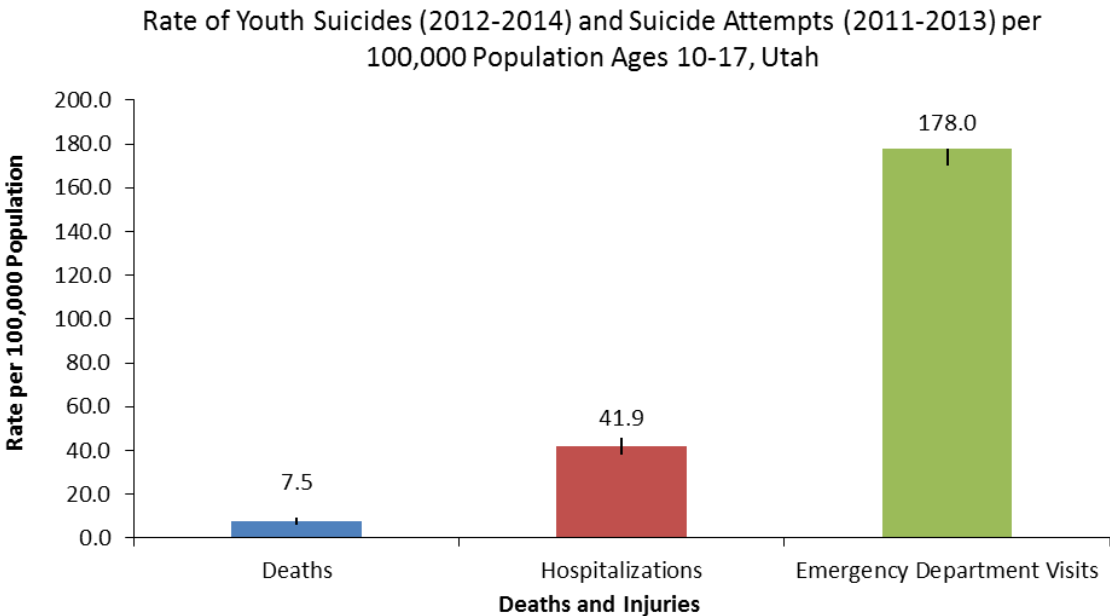
When evaluating a pediatric patient who endorses suicidality, it is important to determine whether the patient has undertaken any action as an attempt, such as an ingestion of medication or toxic chemical. If so, establish what medication(s) or substance, route, dosage and any current symptoms the patient might be experiencing. In addition, be aware that such events are often the result of ingestion of multiple drugs, so knowing what medications are available in the home is also helpful. Are there obvious scars from prior cutting or new lesions? Is there obvious bruising to suggest attempts at hanging? Is there anything concerning about the scene where the patient is initially evaluated? All of these may provide the clinician with critical information in order to appropriately assess the patient.

Expert Input

Andrea Hood MS, Suicide Prevention Coordinator, Utah Department of Health 801-538-6599, ahood@utah.gov
 Anna Fondario, Epidemiologist, Utah Department of Health

Youth Suicide Prevention in Health Care

The Utah Department of Health (UDOH) encourages health care professionals to get the training and resources needed to recognize and respond to teen and adult suicide risk. As the leading cause of death in Utah for ages 10 to 17, an average of 29 Utah youth die from suicide and 882 Utah youth attempt* suicide each year.^{1,2} Overall, more Utah youth are hospitalized or treated in an emergency department for suicide attempts than are fatally injured (Figure 1). All suicide attempts should be taken seriously. Those who survive suicide attempts are often seriously injured and many have depression and other mental health problems.



*Suicide attempts include persons who are hospitalized or treated in an emergency department for self-inflicted injuries.

Health care professionals play a critical role in recognizing, preventing, and treating youth at risk for suicide. Knowledge about suicide prevention begins by knowing the warning signs of suicide: You may become concerned about the safety of a colleague, patient, or family member if that individual begins displaying one or more of the following warning signs:

- withdrawal from relationships
- dramatic changes in mood
- decreased work performance
- substance abuse
- gaining access to a firearm or stockpiling pills
- feeling like a burden to others, hopeless, or like they have no purpose in life
- rage or seeking revenge
- acting reckless
- talking about wanting a way out or wanting to kill himself/herself
- being unable to sleep or sleeping all the time

When these warning signs are observed, tell the person what you have noticed that is causing you concern, and then ask the person directly if they have had thoughts about ending their life. If these concerns are confirmed by the individual, listen nonjudgmentally and then call or take them immediately to a mental health professional for a crisis appointment and risk assessment.

Utilizing a screening tool for depression and suicide with your patients can better equip health care professional to identify and

respond to suicide risk, particularly if you adopt it as a standard screening that is filled out upon each visit regardless of the purpose of the visit or the age of the patient. The Columbia-Suicide Severity Rating Scale offers a brief "Screener" version of their scale that is designed to be used for clinical triage by first responders and in emergency room settings. Screening **every** patient would be the ideal way to identify those at risk and save lives, since many patients will not identify suicidal ideation as their primary reason for seeking care even when they are at high risk, unless they are directly asked. More about this tool can be found at <http://www.cssrs.columbia.edu/>. Discussions with caregivers of youth who are at high risk of suicide should include access to lethal means such as firearms and medications kept in the home. The youth should not be left alone until an evaluation from a mental health professional determines that the youth is no longer in crisis. The most common methods of youth suicide are firearms (46.5%) and suffocation (hanging) (43.0%) (Figure 2).¹ For suicide attempts, the most common method is poisoning at 76.3% (Figure 3).²

Figure 2: Percent of Suicides by Method of Injury, Ages 10-17, Utah 2012-2014

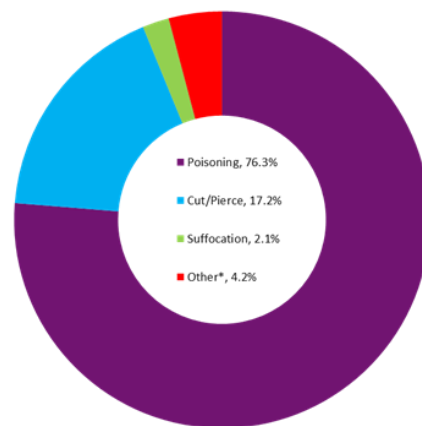
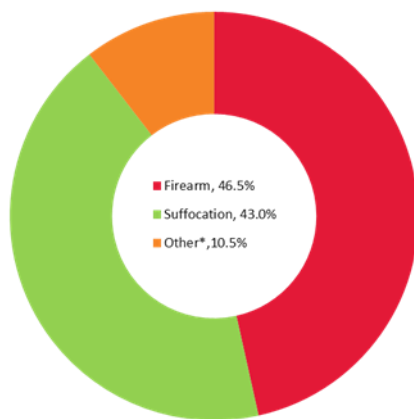
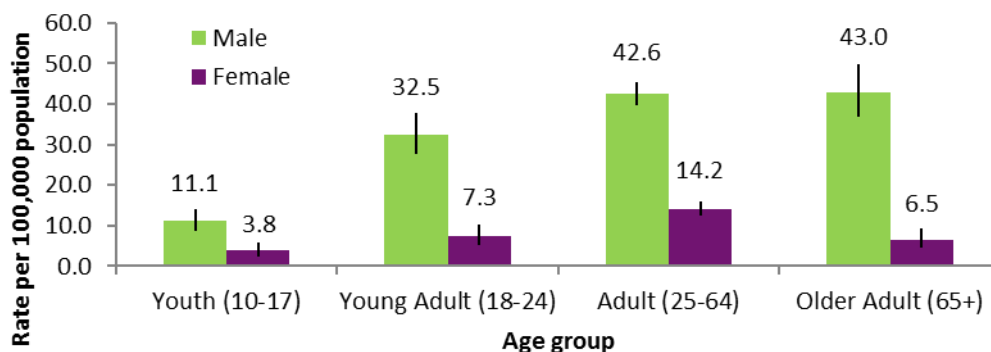


Figure 3: Percent of Suicide Attempts by Method of Injury, Ages 10-17, Utah 2012-2014

Emergency responders are in a key position to provide resources to family members when responding to an incident where youth is identified as being at high risk for suicide. According to Utah's largest school health and risk behavior survey, the Prevention Needs Assessment, students in grades 8, 10, and 12 who reported bullying both at school and electronically were 5.8 times more likely to have considered suicide and those who reported three or more hours of daily screen time were twice as likely to have seriously considered suicide in the past year. More information regarding risk and protective factors for youth suicide can be found at http://health.utah.gov/opha/publications/hsu/1502_Suicide.pdf.

Although youth suicidal behaviors are a significant problem in Utah, youth are not the highest risk age group for suicide death. Working aged adults, particularly males, have the highest rates of suicide in Utah.¹

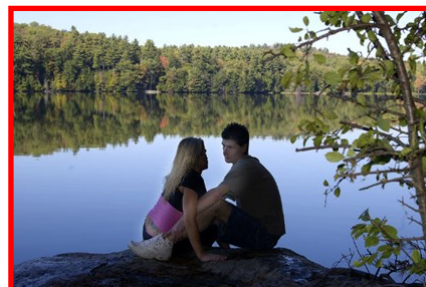
Figure 4: Rate of Suicide per 100,000 Population by Age Group and Sex, Utah 2012-2014



Many first responders and medical professionals are not aware that their career path in itself puts them at an elevated risk for suicidal thoughts and behaviors. It is estimated that physicians have 1.4 - 2.3 times the rate of suicide death of the general population (Louise B Andrew, 2015).³ This could be due to the stress of working in this field, the desensitization or fearlessness that could occur as a result of frequent exposure to violence in the profession, or the understanding of lethal methods of suicide that occurs due to the knowledge and experience gathered in the profession.

Risk factors for suicide include:

- Bullying and electronic bullying
- Suicide ideation
- Alcohol or drug abuse
- Easy access to lethal methods
- Stressful life event or loss
- Relationship or school problems
- Lack of social support/isolation
- Family history of suicide or violence



The Suicide Prevention LifeLine 1-800-273-TALK is an important resource to provide individuals. There are also local crisis lines offered by Utah Local Mental Health Authorities, which can be found at <http://dsamh.utah.gov/crisis-hotlines-2/>. Many of these crisis lines have mobile crisis teams that have the ability to come on scene to community members if necessary. NAMI Utah is also a great resource that offers free classes and peer support for families and individuals that are experiencing a mental illness <http://www.namiut.org/>. Individuals who have lost a loved one to suicide can be referred to www.afsp.org, where they can find local support groups and other resources. The Utah Department of Health is working to compile a statewide resource directory for individuals in need of crisis mental health services to further increase awareness of available resources.

For more suicide prevention ideas and tools, visit www.zerosuicide.sprc.org. The Zero Suicide Organizational Self-Study is a tool that helps analyze policies and practices in your agency to determine efficacy in preventing suicide.

To help medical professionals help each other and their patients, UDOH also offers several free suicide prevention and mental health trainings that can be done at worksites in many areas across the state- ranging from one to eight hours in length. If you are interested in bringing these trainings to your worksite or an upcoming conference, or if you would like to participate on a local or statewide Suicide Prevention Coalition, please contact Andrea Hood at ahood@utah.gov. The Utah Department of Health is working to compile a statewide resource directory for individuals in need of crisis mental health services to further increase awareness of available resources, and though this list of resources is still in development, it can be accessed at <http://www.health.utah.gov/vipp/topics/suicide/resources.html>.

With your help, we can work together to save lives and prevent suicide in Utah.

¹Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health, 2012-2014 data queried via Utah's Indicator Based Information System for Public Health (IBIS-PH) [cited 2015 November]. IBIS Version 2014.

Happenings

Annette Matherly RN CCRN

Community Outreach/Burn Disaster Coordinator, University Of Utah Burn Center

Office 801-585-2076 Cell 435-901-1425

We are pleased to offer a new educational series in collaboration with Project ECHO. This series Project ECHO - Burn and Soft Tissue Injury will provide clinical updates also known as Urban Myths and Legends, and utilize case based presentations to supplement the desired topics. Providers are eligible to claim up to 1.0 hour of cost-free Category 1 CME credit per session attended.

December 16th (12:00-1:00pm MST) is our kick-off event and we would love to have you join us for the first Urban Myths and Legends topic "To pop or not to pop? (Blisters)" in addition to case presentations discussing frostbite and scald injuries. This event is open to providers (all levels) who are interested. Live-connection information will follow and be updated through the Crisis Standards of Care Website. Of note, we will also offer a live-stream to individuals that don't wish to be interactive participants but still wish to listen in. A flyer is attached with more information.

As the event nears we will provide more information upon respective website completion. If you do wish to join this series we will be using a secured website to store re-sources and live-stream the event. Registration takes less than 60 seconds. Please visit this link and sign up for the website, this will ensure you can access the session on the 16th : <https://crisisstandardsofcare.utah.edu/>

The Teen Perspective

Foz, Age 19

Before I ramble, I want you to know I am not saying this as a martyr and I am not preaching. I want you to know this is not a solved issue for me, it is a constant struggle that I aspire to overcome, I want you to know I am in your shoes, reading this with you.

November 12th I was given a second chance.

Weeks, Months, and Years before this date, I had been sad. That is the easiest way to say it. I have spent these last couple years especially romanticizing death. I had participated in self harm, spent entire days and nights hating myself, hating my body and my face, and I had convinced myself I was not enough, and I never would be enough, for myself or anyone else. I was spending my life suffering, and I was spending my time dwelling on the bad things that had happened to me, and I had focused in so heavily on what I did not like about myself, and what I envied in everyone else.

It was another day of this, another day of this mindset of just "surviving" another day trapped in a body that I hated. I was heading down to the University of Utah from Park City, like any other day. I was driving my Chevy Trailblazer, a semi-beat down old guy, making the same damn clicking noise it did every time I drove it. As it turns out, the annoying "clicking noise" (which is as far as my limited car knowledge could describe it, and I was going to take it in to get it checked out eventually, I promise) turned out to be a broken tire rod. As I was driving in the fast lane with the rest of busy early morning traffic, I felt my car start to shake. I moved left and right and back again and I slammed on the brakes and tried everything I could to stop the violent shaking that had possessed my car. I tried one last time to adjust the car left, and instead of straightening out I was sent, going an estimated 75 miles an hour into the left barricade of the highway. What I felt was indescribable, I was trapped in a magnet being thrown into a sheet of metal, I was powerless and I was so sure I was going to die. I hit with such a force, and I could feel the metal bending and the glass shattering all around me. It may sound cliché to say, but I was ready, and I felt that warmth of death that has often been described by people on their death beds, when it is their time to go. It was not mine. Now I know, it was not mine. I could feel my grandma, who had before this accident passed away, and had taken her time to write me a letter saying that I was special, and that I had so much left to accomplish and take care of, I could feel her there with me in my car, pulling me down and allowing me to not be sent out of the window that had broken open, and she became the seatbelt that (I'm sorry mom) I admit now I was not wearing. After I hit the left barricade I was sent spinning through all 3 lanes of traffic, and I managed to dodge, or seemingly go through the cars that were all around me. I hit the right barricade last, and came to a stop. I opened my eyes and instantly was flooded with emotions. I had survived when I was so ready to die. I had been given life when all this time I had been praying for death.

These last few weeks, after the accident, I have been trapped in thought. I have debated with myself why I was saved, why I was given another chance at life when I had not even been able to appreciate my first chance. I realize now that I needed this. I needed to remind myself, and hopefully everyone else, that we are enough, and we always have been. We spend so much our lives lusting after other people's, that from an outside perspective seem to be so much easier than ours. Whether it's because we think we don't have talent, or beauty, or anyone who loves us, or in my case all of the above. We spend our lives, especially at this age, putting so much stress on ourselves to become the "best" or become "enough." The truth is, we all are. Whether you are studying in an ivy league school, or not in school at all, or if you're a model or a genius or a talented musician or not. We are all incredible. And this life that we have been given is to be appreciated. I still, even after this, have to remind myself this every day. I hope my experience and words can help someone who is prone to the same kind of negative thinking that I am. I hope that you know you are enough.

We spend our lives, especially at this age, putting so much stress on ourselves to become the "best" or become "enough." The truth is, we all are.



safeTALK

Tell
Ask
Listen
KeepSafe



Duration: 3 Hours

Group Size: 10 – 30 max

To schedule a training, contact:

Andrea Hood at ahood@utah.gov

801-538-6599

safeTALK

Is a 3 hour training workshop, featuring:

Training to identify persons with thoughts of suicide, & community first aid resources to connect them to help

Awareness of reasons that we may miss, dismiss, or avoid signs of suicide

The simple yet effective steps: Tell, Ask, Listen, and KeepSafe

Hands-on skills practice and development

**Now approved for 3
Social Work CEUs!**



Like CPR, QPR is a simple process that anyone can be trained to use, to help prevent a suicidal act. Participants learn how to recognize the warning signs for someone who may be at risk for suicide, and then get them to appropriate help.

QPR

Learn how to **prevent suicide** by using QPR to:

- Ask **Questions** to assess the situation
- **Persuade** the person to accept help
- **Refer** the person to a professional for help to get them through the crisis and treat any underlying mental illness.

Duration: 1.5 hours, Group Size: generally 10-35

To schedule a training, contact: Andrea Hood at ahood@utah.gov, 801-538-6599

December 2015

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3 PGR	4	5
6 	7	8	9	10 PGR	11	12
13	14	15	16 ECHO	17 TGR PGR	18	19
20	21	22	23	24	25 	26
27	28	29	30	31		

Pediatric Education Around the State

Pediatric Grand Rounds (PGR) are educational/CME offerings webcast weekly (Sept-May) you can watch live or archived presentations. It is geared towards hospital personnel. But will certify as BEMSP CME Access at <https://intermountainhealthcare.org/locations/primary-childrens-hospital/for-referring-physicians/pediatric-grand-rounds/>

Trauma Grand Rounds (TGR) This free offering alternates with EMS Grand Rounds every other month, it is geared towards hospital personnel.

Dec 17 7-8am Giavonni Lewis, M.D. – Burns

There are 3 ways to participate

- Attend in person.
- Attend live via the internet at : <http://utn.org/live/trauma/> To receive CME for viewing via live stream, please send an email with your name and the presentation you viewed to janet.cortez@hsc.utah.edu. A CME certificate will be emailed to you within two weeks.
- View the archived presentation two weeks after the live date at www.healthcare.utah.edu/trauma

See the upcoming schedule attached to our newsletter email

Upcoming Peds Classes, 2015

For PEPP and PALS classes throughout the state contact Andy Ostler Aostler@utah.gov

For PALS and ENPC classes in Filmore, Delta and MVH contact Kris Shields at shields57@gmail.com

Save the Date

Dec 16, 2015 ECHO – Burn and Soft Tissue Injury <https://crisisstandardsofcare.utah.edu/>

April 13-14, 2016 Zero Fatalities Safety Summit scholarships are available for EMS but you must act quickly.

June 16-18, 2016 EMSC Coordinators Retreat



Emergency Medical Services for Children

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Follow us on the web
<http://health.utah.gov/ems/emsc/>
and on Twitter: EMSCUtah

The Emergency Medical Services for Children (EMSC) Program aims to ensure that emergency medical care for the ill and injured child or adolescent is well integrated into an emergency medical service system. We work to ensure that the system is backed by optimal resources and that the entire spectrum of emergency services (prevention, acute care, and rehabilitation) is provided to children and adolescents, no matter where they live, attend school or travel.

Did You Know?

EMSC Coordinators Save the Date

Our **2016** EMSC Coordinators Retreat has been put on the calendar for ...

June 16-18th

We are going to the Newpark Resort and Hotel in Park City Utah

